

# Sample Service Agreement and Consent

[Each program uses an agreement and consent form that it has developed to meet its particular needs. This form is provided as a sample.]

It is important that you understand the kinds of services you will be provided and the terms and conditions under which these services will be offered.

I, \_\_\_\_\_, am requesting treatment from the staff of \_\_\_\_\_ . As a condition of that treatment, I acknowledge the following items and agree to them. (Please initial each item.)

## I understand:

- \_\_\_\_\_ 1. The staff believes that the outpatient treatment strategies the program uses provide a useful intervention for chemical dependence problems; however, no specific outcome can be guaranteed.
- \_\_\_\_\_ 2. Treatment participation requires some basic ground rules. These conditions are essential for a successful treatment experience. Violation of these rules can result in treatment termination.

## I agree to the following:

- a. It is necessary to arrive on time for appointments. At each visit I will be prepared to take urine and breath-alcohol tests.
- b. Conditions of treatment require *abstinence from all drug and alcohol use for the entire duration of the treatment program*. If I am unable to make this commitment, I will discuss other treatment options with the program staff.
- c. I will discuss any drug or alcohol use with the staff and group while in treatment.
- d. Treatment consists of individual and group sessions. Individual appointments can be rescheduled, if necessary. *I understand that group appointments cannot be rescheduled and attendance is extremely important*. I will notify the counselor in advance if I am going to miss a group session. Telephone notification may be made for last-minute absence or lateness.
- e. Treatment will be terminated if I attempt to sell drugs or encourage drug use by other clients.
- f. I understand that graphic stories of drug or alcohol use will not be allowed.

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- g. I agree not to become involved romantically or sexually with other clients.
- h. I understand that it is not advisable to be involved in any business transactions with other clients.
- i. I understand that all matters discussed in group sessions and the identity of all group members are absolutely confidential. I will not share this information with nonmembers.
- j. All treatment is voluntary. If I decide to terminate treatment, I will discuss this decision with the staff.
- \_\_\_\_\_ 3. Staff: Services are provided by psychologists, licensed marriage and family counselors, master's-level counselors-in-training, or other certified addiction staff people. All nonlicensed counselors are supervised by a licensed counselor trained in the treatment of addictions.
- \_\_\_\_\_ 4. Consent to Videotape/Audiotape: To help ensure the high quality of services provided by the program, therapy sessions may be audiotaped or videotaped for training purposes. The client and, if applicable, the client's family consent to observation, audiotaping, and videotaping.
- \_\_\_\_\_ 5. Confidentiality: All information disclosed in these sessions is strictly confidential and may not be revealed to anyone outside the program staff without the written permission of the client or the client's family. The only exceptions are when disclosures are required or permitted by law. Those situations typically involve substantial risk of physical harm to oneself or to others or suspected abuse of children or the elderly.
- \_\_\_\_\_ 6. Accomplishing treatment goals requires the cooperation and active participation of clients and their families. Very rarely, lack of cooperation by a client may interfere substantially with the program's ability to render services effectively to the client or to others. Under such circumstances, the program may discontinue services to the client.

I certify that I have read, understand, and accept this Service Agreement and Consent. This agreement and consent covers the length of time I am involved in treatment activities at this facility.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Outpatient treatment requires a great deal of motivation and commitment. To get the most from treatment, it is necessary for you to replace many old habits with new behaviors.

**Check all the things that you do regularly or have done since entering treatment:**

- |   |   |
|---|---|
| <input type="checkbox"/> Schedule activities daily          | <input type="checkbox"/> Avoid triggers (when possible)   |
| <input type="checkbox"/> Visit physician for checkup        | <input type="checkbox"/> Use thought stopping for cravings                                      |
| <input type="checkbox"/> Destroy all drug paraphernalia     | <input type="checkbox"/> Attend Individual/Conjoint sessions                                    |
| <input type="checkbox"/> Avoid people who use alcohol       | <input type="checkbox"/> Attend Early Recovery Skills and Relapse Prevention sessions           |
| <input type="checkbox"/> Avoid people who use drugs         | <input type="checkbox"/> Attend 12-Step or mutual-help meetings                                 |
| <input type="checkbox"/> Avoid bars and clubs               | <input type="checkbox"/> Get a sponsor  |
| <input type="checkbox"/> Stop using alcohol                 | <input type="checkbox"/> Exercise daily   |
| <input type="checkbox"/> Stop using all drugs               | <input type="checkbox"/> Discuss thoughts, feelings, and behaviors honestly with your counselor |
| <input type="checkbox"/> Pay financial obligations promptly |   |
| <input type="checkbox"/> Identify addictive behaviors       |   |

**What other behaviors have you decided to start since you entered treatment?**

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**Which behaviors have been easy for you to do?**

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**Which behaviors take the most effort for you to do?**

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**Which behavior have you not begun yet? What might need to change for you to begin this behavior?**

**Behavior Not Begun**

**Change Needed**

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## Relapse Analysis Chart

Name: \_\_\_\_\_ Date of Relapse: \_\_\_\_\_

A relapse episode does not begin when you take a drug. Often, things that happen *before* you use indicate the beginning of a relapse. Identifying your patterns of behavior will help you recognize and interrupt the relapse. Using the chart below, note events that occurred during the week immediately before the relapse.

Career Events	Personal Events	Treatment Events	Drug-Related Behaviors	Behavioral Patterns	Relapse Thoughts	Health Status
Feelings about the above events						

Recovery requires specific actions and behavioral changes in many areas of life. Before you end your treatment, it is important to set new goals and plan for a different lifestyle. This guide will help you develop a plan and identify the steps necessary for reaching your goals. Write your current status and goals for the areas of life listed in the left column.

Subject	Where are you now?	Where would you like to be?	What steps do you need to take?	When?
Family				
Work/Career				
Friendships				
Financial, Legal Obligations				

## Treatment Evaluation

Subject	Where are you now?	Where would you like to be?	What steps do you need to take?	When?
Education				
Exercise				
Leisure Activities				
12-Step or Mutual-Help Meetings				

\_\_\_\_\_  
Client's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Counselor's Signature\_\_\_\_\_  
Date



Recovery is a lifelong process. You can stop drug and alcohol use and begin a new lifestyle during the first 4 months of treatment. Developing an awareness of what anchors your recovery is an important part of that process. But this is only the beginning of your recovery. As you move forward with your recovery after treatment, you will need a lot of support. And you may need different kinds of support than you did during treatment. You and your counselor can use the information below to help you decide how best to support your recovery.



## Group Work

You should participate in at least one regular recovery group every week after treatment. The program offers a Social Support group that meets once a week. Other recovery groups are often available in the community. Ask your counselor about local recovery groups.

## Individual Therapy

Individual sessions with an addiction counselor might be helpful. When your current treatment ends, you have choices about continuing with therapy. You may choose this time to enter therapy with another professional. You may want to return to therapy with the professional who referred you for the Matrix IOP method. Or you may choose to continue to see your current Matrix IOP counselor.

## Couples Therapy

It is often a good idea at this point for couples to begin seeing a marriage counselor together to work on relationship issues.

## 12-Step or Mutual-Help Meetings

Attendance at a 12-Step or mutual-help meeting is a critical part of the recovery process. It is essential to find a meeting that you will attend regularly.

**IC 3B**

# Continuing Treatment Plan



**My plan for the months following treatment is:**

[illegible]

Client's Signature

Date

### Counselor's Signature

Date